## ADDISON CITIZENS ASSISTING POLICE WAIVER OF LIABILITY, RELEASE, AND INDEMNITY AGREEMENT

Name:		<del></del>	
Street Address:			
City:	Zip:		
Birth Date:			
Driver's License Number:			
Business Phone:		_	
Home Phone:  STATE OF TEXAS §		_	
STATE OF TEXAS \$ COUNTY OF DALLAS \$			
I,	, as an ir	nducement to the Town of Addisc	on to allow me to
participate in Addison Citizens Assi			
Addison Police Department, and rec	cognizing that such program	may involve certain dangers, in	ncluding but not
limited to: motor vehicle accidents, I	•	-	
and the possibility of physical danger	•		•
arising from any incident, action, occ			•
me in any manner whatsoever, and	•		•
Addison, TX, its officials, departm capacities, from any and all liability,			
causes of action or alleged causes of a			
in the Addison Citizens Assisting P		-	
which arise, or which allegedly arose			
officers, agents, employees, or officia			, , , , , , , , , , , , , , , , , , ,

I voluntarily choose to participate in this program for personal and civic reasons without promise, expectations, or receipt of monetary compensation.

I understand and acknowledge that my participation in said program is solely that of a volunteer, and not that of an agent, employee, or representative of the Town of Addison or the Addison Police Department.

It is further agreed that the execution of this release shall not constitute a waiver by the Town of Addison, its officers, agents, officials and employees, of the defense of governmental immunity, where applicable, or to defenses predicated on the Texas Automobile Guest Statute, chapter 72 of the Texas Civil Practice and Remedies Code, or any other defense, claim, cause of action or assertion of any kind or nature, recognized by any court of law, administrative agency, or other entity.

I certify that I have read the foregoing instrument, that I understand its terms and conditions, that I make this waiver voluntarily, and that I have not relied upon any representations made by the Town of Addison, or its officers, agents, officials, or employees in signing this release. I further certify that I am an adult, am in sound mental health, and fully capable of making this waiver of liability.

SIGNED, this the	day of	, 20	·
			Signature
Printed or typed name:			
WITNESS:ADDRESS:			
DATE:			
WITNESS:			
ADDRESS: DATE:			